

Application No. (if known): 09/745,074

Attorney Docket No.: 55506(70840)

(617) 439-4444

Telephone Number

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV756279815US in an envelope addressed to:

MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

March 15, 2006 Date

1 1	
The face	
Signature	
Steven M. Jensen	_
Typed or printed name of person signing Certificate	

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

42,693

Registration Number, if applicable

Request for Continued Examination Transmittal (1 page)
Amendment After Final Action Under 37 C.F.R. 1.116 (3 pages)

Charge \$790.00 to deposit account 04-1105

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

A HIA				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun		5,074-Conf. #9273				
FEE TRANSMITTAL For FY 2006			Filing Date December 20, 2000						
			First Named Inv	Nobuyuki Itoh					
			Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27				0000					
			55500 (70)						
TOTAL AMOUNT OF PAY	MENT	(\$) 790.00		Attorney Docket	NO.	33300 (700-10	<u>'</u>		
METHOD OF PAYMEN	(check all	that apply)							
Check Credit C		Money Order	Nor	LJ `	please ident	tify):			
X Deposit Account Depo	sit Account Numl	ber: <u>04-1105</u> [Deposit Acc	ount Name:	Edwards A	Angell Palmer	& Dodge L	<u>_LP</u>	
For the above-ident	fied deposit	account, the D	irector is	hereby authorize	d to: (chec	k all that apply)			
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any ac		s) or underpay and 1.17	ment of	x Credit	any overpa	ayments			
FEE CALCULATION (A	II the fees	below are di	ue upo	n filing or may	be subje	ct to a surcha	arge.)		
1. BASIC FILING, SEARCH	-		ES				-	,	
	FILIN	G FEES	SEA	ARCH FEES	EXAMIN	IATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description	na Daissuss	`					Fee (\$)	Fee (\$)	
Each claim over 20 (includi Each independent claim over							50 200	25 100	
Multiple dependent claims	a 5 (mendan	ig iveissues)					360	180	
Total Claims Extra (Claims F	Fee (\$)	Fee F	Paid (\$)	Mı	ıltiple Depende		100	
13 - 20 =	<u>x</u>	=		<u> </u>	Fee (\$)			Fee Paid (\$)	
HP = highest numer of total claim		eater than 20.				<u> </u>		<u>.</u>	
Indep. Claims Extra C	Claims F	ee (\$)	Fee P	aid (\$)				_	
66=	× _	= _							
HP = highest numer of independe	•	for, if greater than	3.					_	
APPLICATION SIZE FEE If the specification and dra		rd 100 chaate o	fnaner	aveluding alastro	mically fil	ed seguence or	computer		
listings under 37 CFR 1									
sheets or fraction thereo						• ,			
Total Sheets Ex	tra Sheets	Number o	of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee P	aid (\$)	
- 100 =		/50		(round up to a whole	e number)	×=	:		
4. OTHER FEE(S)							<u>Fees</u> F	Paid (\$)	
Non-English Specification					(DOE)		70/	2.00	
Other (e.g., late filing su	rcnarge): 18	so i Request i	or cont	inuea examinati	on (RCE)	(see 3/		0.00	
SUBMITTED BY	=			Registration No.					
Signature	<u>d-</u>			(Attorney/Agent)	42,693	Telephone	(617) 439	-4444	
Name (Print/Type) Steven M	Jensen					Date	March 15,	, 2006	